

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000044847

**FILED**  
**Jan 09, 2011**  
**Secretary of State**

**Entity Name:** THE ALLEY AT SOUTHSORE, LLC

**Current Principal Place of Business:**

10221 BIG BEND ROAD  
RIVERVIEW, FL 33579

**New Principal Place of Business:**

**Current Mailing Address:**

609 CRATER LANE  
TAMPA, FL 33619

**New Mailing Address:**

**FEI Number:** 20-4776624

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOJE, JEFFREY W MM  
609 CRATER LANE  
TAMPA, FL 33619 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MM  
**Name:** BOJE, JEFFREY W  
**Address:** 609 CRATER LANE  
**City-St-Zip:** TAMPA, FL 33619

**Title:** MM  
**Name:** BOJE, DEBRA L  
**Address:** 609 CRATER LANE  
**City-St-Zip:** TAMPA, FL 33619

**Title:** MM  
**Name:** WILLIAM, BOJE H  
**Address:** 609 CRATER LANE  
**City-St-Zip:** TAMPA, FL 33619

**Title:** MM  
**Name:** CARY, WHITE  
**Address:** 609 CRATER LANE  
**City-St-Zip:** TAMPA, FL 33619

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** JEFFREY W. BOJE'

MM

01/09/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date